

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000006107

1. Corporation Name

RMS Music Parents Association

2. Principal Office Address

16001 sw 248 street

Suite, Apt. #, etc.

City & State

Homestead, Florida

Zip
33031

Country
USA

3. Mailing Office Address

16001 sw 248 street

Suite, Apt. #, etc.

City & State

Homestead, Florida

Zip
33031

Country
usa

REINSTATEMENT 04-06

4. Date incorporated or Qualified
To Do Business in Florida 2000

5. FEI Number
65-0903549

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joaquin Vega

Street Address (P.O. Box Number is Not Acceptable)

14276 SW 177 STREET

Suite, Apt. #, Etc.

City

Homestead, Florida

State
FL

Zip Code
33177

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/31/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Joaquin Vega	14276 SW 177 STREET	Homestead, Fl. 33177
S	Dawn Arevalo	27855 SW 199 AVENUE	Homestead, Fl. 33030
T	Richard Hamilton	16860 sw 274 street	Homestead, Fl. 33031

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

JOAQUIN VEGA 5/31/06

305-971-2199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell JUN 28 2006

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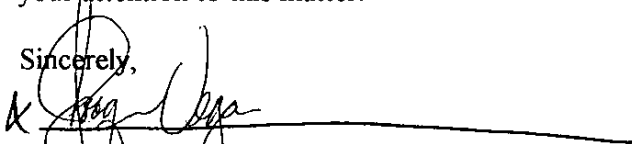
**Redland Middle School
Music Parents Association
16001 SW 248 street
Homestead Florida 33031**

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir,

Please find the enclosed application for reinstatement for RMS Music parents Association. Due to the numerous hurricanes that hit South Florida last year, we had not received your annual report notices. We have enclosed a check for the fees for 2004, 2005 & 2006. We are also requesting the "Certificate of Status" for our records. Thank for your attention to this matter.

Sincerely,



Joaquin Vega, President
RMS Music Parents Association
16001 SW. 248 Street
Homestead, Florida 33177